UNITED STATES DISTRICT COURT EASTERN DISTRICT OF TENNESSEE AT KNOWN ILE, TO

Sh	elle	1 A Keills
THE) 3:09-W-284
)
		bove the NAME of ntiff in this action.)
<u>Ca</u> Je	npk	ell County City of Latallette
,		bove the NAME of endant in this action.)
		COMPLAINT FOR VIOLATION OF CIVIL RIGHTS (42 U.S.C. Section 1983)
I.	PRE	IOUS LAWSUITS
	Α.	Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment? YES() NO()
	В.	If your answer to A is YES, describe the lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline.)
		1. Parties to the previous lawsuit:
		Plaintiffs
		Defendants

		2.	COURT (If federal court, name the district; if state court, name the county):
		3.	DOCKET NUMBER:
		4.	Name of Judge to whom case was assigned:
		5.	Disposition: (For example: Was the case dismissed? Was it appealed? Is it still pending?)
		6.	Approximate date of filing lawsuit:
		7.	Approximate date of disposition:
II.	PL	ACE (OF PRESENT CONFINEMENT: Knox County Tail
		Is	there a prisoner grievance procedure in this titution? YES () NO ()
	В.		you present the facts relating to your complaint in the te prisoner grievance procedure? YES () NO ()
	С.	Ιf	your answer is YES,
		1.	What steps did you take?A
		2.	What was the result?
	D.	If	your answer to B is NO, explain why not.
	Ε.	ins	there is no prison grievance procedure in the titution, did you complain to prison authorities? () NO ()
	F.	Ιf	your answer is YES,

1. What steps did you take?
2. What was the result?
2
III. PARTIES
(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for any additional plaintiffs.)
A. Name of plaintiff: Shilly A. Kelh
310 Acronic Od Vravilla by 21014
Present address: 310 Orguois 2d Amxville, 2n 379/4
Permanent home address:
Address of nearest relative: 118 Junnos Rd,
lasallate no 377/ala
with the contract of the contr
(In item B below, place the FULL NAME of the defendant in the first blank, his official position in the second blank, and his
place of employment in the third blank. Use item C for the
additional names, positions, and places of employment of any additional defendants.)
B. Defendant: Compbell County and Termy Cross Official position:
Accorded Accorded Dollan Ocal
Place of employment: Campbu Courty Your Dept.
C. Additional Defendants:
TV CONTROLLENG OF CLASS
IV. STATEMENT OF CLAIM
(State here as briefly as possible the FACTS of your case

Describe how EACH defendant is involved. Include also the names of other persons involved, dates and places. DO NOT give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Use as much space as you need. Attach extra sheets, if necessary.)

Campbell County I am unsure of the Street because

STATEMENT OF CLAIM (Continued)

#: 7

to see my Breast Usaid no he then pulled out his
private and fold me to give it a 16:55, really domanding ne
too I did and whom it are he held my head
down where until he ejacutated in my mouth
When he up done the sipped his pants and drove
me back close to where my triends pickup truck
who parked, I got out and haven't soon
him since!
4

V. RELIEF

(State BRIEFLY exactly what you want the Court to do for you.

Make No legal arguments. Cite No cases or statutes.)

If feel | Smul De Company ted for my emotional

Alanes Seeing of Inautal (my tety pudicition

and must so a Course or my fust issues

Or Authority figures she loss of the amenotion

my family is incompanied to me!!

SIGNED THIS 31 DAY OF JUNE, 192009

Shelly A-Kech)
SIGNATURE OF PLAINTIFF

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT.

YOU ARE RESPONSIBLE FOR KEEPING THE COURT INFORMED IMMEDIATELY OF ANY ADDRESS CHANGES. FAILURE TO PROVIDE YOUR CORRECT ADDRESS TO THIS COURT WITHIN TEN (10) DAYS FOLLOWING ANY CHANGE OF ADDRESS WILL RESULT IN THE DISMISSAL OF THIS ACTION.

#: 9